

Date Correction Plan Due 6/25/2021	NONCOMPLIANCE STATEMENT AND CORRECTION PLAN	TO FILE A COMPLAINT CALL 715-930-1148
---------------------------------------	--	--

Use of Form: This form is used by certification / licensing staff to identify statute and / or administrative rule violation(s) and to outline imposed plans of correction, if applicable. This form is used by certified operators / licensed centers to meet the requirements of DCF 202.065, DCF 250.04(2)(i) and (3)(d), DCF 251.04(2)(L) and (3)(f), DCF 252.41(1)(L) and (2)(k). Failure to submit an appropriate correction plan by the due date listed above may result in sanctions identified in the statute and / or administrative rule. Public Schools may submit plans of correction however are not required to do so.

Instructions: The Noncompliance Statement below identifies the violation(s) of child care statute and / or administrative rule identified by the certification / licensing specialist. Complete the section labeled "Correction Plan" by indicating the steps that will be taken to address and correct each of the listed noncompliance(s). Identify expected completion date(s) for each item. Return the original to your certification / licensing specialist for approval and retain a copy. If this is a licensed child care, post your copy of the noncompliance statement and correction plan near the license in accordance with Wis. Stat. 48.657. This request for a correction plan is not an order imposing a sanction or penalty pursuant to Wis. Stat. 48.715. If the department decides to apply a statutory sanction and / or penalty for facts arising from this finding or a future finding, you will be given a notice of the sanction and / or penalty and your appeal rights.

Name - Certified Operator / Licensed Center Sparta Head Start Center		Provider Number / Facility ID Number 0000577800 / 005 - 520172		
Address - Facility (Street, City, State, Zip Code) 2111 W Wisconsin St Sparta WI 546563301		Telephone Number 608-269-8297	Date - Regulation Visit 5/27/2021	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
1	<p>251.04(2)(L)1.a. Monitoring Results Posted</p> <p>Description: The monitoring results and correction plan from the most recent licensing inspection was not posted.</p>	<p>Completed and Posted (From 5.6.2019) (Copy emailed to Jennifer S.)</p>	6.16.21	
2	<p>251.04(2)(L)1.c. Stipulations, Conditions, Exceptions Posted</p> <p>Description: The exception notices were not posted. Any exceptions granted must be posted next to the center license visible to parents and the public.</p>	<p>Exception Notices (2) were posted on the parent board.</p>	6.1.21	

RECEIVED
 OCT 11 2021
 State of Wisconsin
 Dept. of Children and Families

(1) employee files
 @ Requirement for additional information + procedures.

Name - Certified Operator / Licensed Center Sparta Head Start Center		Provider Number / Facility ID Number 0000577800 / 005 - 520172		
Address - Facility (Street, City, State, Zip Code) 2111 W Wisconsin St Sparta WI 546563301		Telephone Number 608-269-8297	Date - Regulation Visit 5/27/2021	
	Rule/Statute Number Noncompliance Statement	Correction Plan	Expected Completion Date	Verification Date
3	251.04(6)(a)6m. Child Record - Immunization History Description: An Immunization record was not observed in the file for Child #4.	IG = Child Immunization is complete & in child's file. (copy emailed to Jennifer)	6-15-21	
4	251.04(6)(a)8.b. Child Record - Physical Exam - Over 2, Under 5 Description: Each child 2 years of age and under age 5 shall have an initial health examination not more than one year prior to nor later than 3 months after being admitted to the center. Child #3 has been in care for more than 3 months and did not have a child health report on file.	Child #3 = HP has a physical on file. The other two students have a current physical. (copy emailed to Jennifer)	6-15-21	
5	251.09(1)(am) Infant & Toddler - Intake Information Description: The Intake for Children Under 2 form shall be at the center before the child is left for care on the first day of attendance. This form could not be located for one child under 2 in the EHS room.	Intake form has been completed and is in child's file.	6-15-21	

NAME - Certification Worker / Licensing Specialist
Jennifer Stubbe

Date Issued
6/11/2021

SIGNATURE - Certified Operator or Designee / Licensee or Designee

Date Signed

Risa R Hines / Robyn Waldorf

6-15-21